

The Office of United States Senator Tom Coburn, M.D. from Oklahoma



Internship Application

Contact Information:

Name: _____

Permanent Address: _____ Phone: _____

City: _____ State and Zip: _____

School Address: _____ Cell Phone: _____

City: _____ State and Zip: _____

Email Address: _____

Date of Birth: _____ SS #: _____

School Information:

College/University: _____ Year in School: _____

Major: _____ Minor: _____ GPA: _____

Projected Graduation: _____ High School attended: _____

Personal References: (Please provide 3 references with their current contact information)

Reference: _____ Phone: _____

Reference: _____ Phone: _____

Reference: _____ Phone: _____

Essay Questions: (please type your answers and attach them on a separate piece of paper, please limit answer to 150 words)

1. Describes the skills that you possess that will allow you to be an asset in our office.
2. Describe what you intend to learn from this internship and how that would fit into your personal development and career path?
3. Give an example of a difficult situation that you have faced in your life and how you overcame it?
4. Describe a particular area of government that you are interested in and one way you would like to reform it?
5. Why do you want to work for Dr. Coburn?

Please indicate which office you are applying to intern in and the dates that you are available:

Oklahoma ____ Washington DC ____

Dates available (starting and ending dates): _____ to _____

Please make sure the following items are enclosed in your application:

1. Application Form
2. Answers to essay questions on a separate piece of paper
3. College Transcript
4. Resume (if you haven't previously sent one)

Please Fax Application to:

202-224-6008

Questions?

Please Call 202-224-5754 and ask for the intern coordinator.